

# DDD Training for I/DD Waiver Providers

Friday, September 22, 2017

Presenters:

Mary Brogan

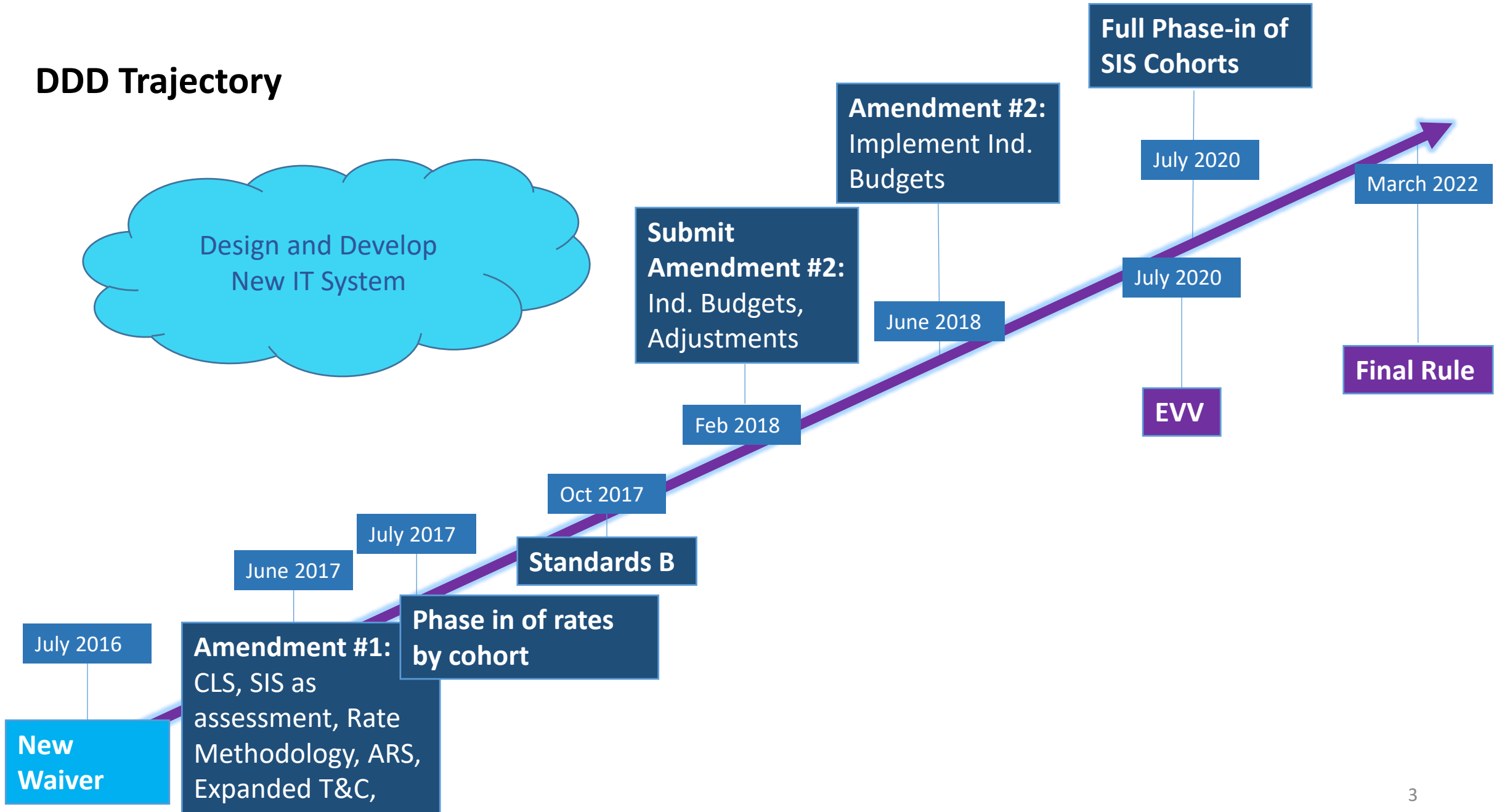
Deb Tsutsui

Melissa Gibo

# Agenda

- DDD Updates
- Service Utilization Decision Supports
- Updates for Monitoring Tool and Provider Staff Qualifications

# DDD Trajectory



## Amendment #2

- Budget authority based on SIS level service mixes
- Appendix B:Post Payment
- CLS: Clarify language that children can use CLS
- PAB & Respite: Clarify location of service delivery
- Environmental Accessibility Adaptations: Clarify additional square footage language
- Increase rate for non-medical transportation per trip
- Small “housekeeping” changes

# Electronic Visit Verification (EVV)

- 21st Century CURES Act (December 2016)
  - Mandates states to implement EVV for all Medicaid personal care services by January 1, 2019 and for all Medicaid home health services by January 1, 2023
  - States must meet these deadlines in order to avoid Federal Medical Assistance Percentages (FMAP) penalties.
- EVV Systems Must Verify:
  - Type of service performed; Individual receiving the service; Date of the service; Location of service delivery; Individual providing the service; Time the service begins and ends.
- Flexibility/support for States in choosing EVV solutions; DDD working with MQD
- Part of the new FMS (Acumen) for Consumer-directed Services

# Continuing Initiatives

- Charting the Life Course/Person-centered Practice
- ISP process redesign
- IT system, notably provider/consumer portal
- Compliance with Community Integration Final Rule
- Strategic Plan
- Practice development/training
- Positive behavior supports
- Quality Assurance and Improvement Program

# Service Utilization Decision Supports



# Respite Authorizations

## Respite Utilization Review Tool

Friday, September 22, 2017

### RESPITE ASSESSMENT TOOL

If the participant is requesting Respite services exceeding 760 hours for the ISP authorization plan year, please answer the following:

Participant Name: \_\_\_\_\_

CMU: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Previous year's authorization: \_\_\_\_\_ Hours (Note: If the participant had daily respite in the previous plan year, please convert to the number of hours used)

SIS level: \_\_\_\_\_

1. Is the Respite service for a participant who lives in a family home? (Note: Respite is not available for participants living in their own home or a licensed or certified home)	YES	NO
2. Will it be provided on a short-term basis, which is defined as less than fourteen (14) consecutive days?	YES	NO
3. Does the Respite service provide relief to a non-paid caregiver who provides natural supports care for the participant for part of the day?	YES	NO
4. Describe the nature of the relief to be provided:  Examples of questions to consider: <ul style="list-style-type: none"><li>Does/do the primary caregiver(s) have any health/medical/mental health issues that impact the caregiver's ability to provide care to the individual? Yes No If yes, explain.</li><li>Is the primary caregiver responsible for providing care for other individuals (e.g. elderly parent(s), other children, another disabled participant, etc.)? Yes No If yes, for whom?</li><li>Have there been any changes of circumstances in the participant's home that have added new stressors (e.g. death of parent, death of spouse, divorce, relocation, etc.)? Yes No If yes, explain.</li><li>Does the primary caregiver wake up (gets less than 6 hours uninterrupted sleep) at least three nights per week to provide care to the participant during the night? Yes No If yes, explain.</li></ul>		



# Additional Residential Supports Authorizations

[illegible]

# Training & Consultation - Registered Nurses (T&C RN)



Did someone call  
for a nurse?

## Why was T&C RN added to the service menu?

- Better align with services based on support needs vs. intervention types
- Support nurses to use their expertise to focus on health-related activities for participants, regardless of service tier
- Shifts focus of service supervision from nursing interventions to service outcomes
- Standardization of staffing and supervision requirements

# Why was T&C RN added to the service menu?

## Old Model:

- Level of services is determined by need for a nurse delegated activity (e.g. PAB 2, ADH 2)
- RN supervises all service activities including tasks that do not involve nurse delegation

### Example:

ADH Level 1

ADH Level 2

ADH Level 3



## New Model

- Service tiers are based on SIS assessed support needs
- Allows RN delegation at any support level without requiring a RN to supervise other service activities

### Example:

ADH/CLS-G Tier 1  
(SIS Low Support)

ADH/CLS-G Tier 2  
(SIS Mod Support)

ADH/CLS-G Tier 3  
(SIS High Support)



# Waiver Standards

- Added a framework for decision-making guidance
  - Nurse Delegation (*Standards, Section 1.7.D*)
    - Provides clear language for nurse delegation plans
    - Requires skill verification for all direct support workers performing the delegated nursing tasks
    - Provides a table with two lists:
      - examples of tasks that may be delegated
      - tasks that have to be done by a nurse

# Waiver Standards

- Meet requirements in Waiver Standards for Participant Safeguards
  - Medication Management (*Standards, Section 1.7.E*)

Medication Self-Administration	Medication Assistance	Medication Administration
Participant has the ability to perform the tasks listed in Standards to demonstrate ability to self-administer medications.	Includes, but is not limited to activities listed in Standards when the participant can do part of the task ( <b>Requires Nurse Delegation</b> )	Participant is unable physically or cognitively to self-administer own medications, even with assistance ( <b>Requires Nurse Delegation</b> ).

# Cohort Phase In and T&C RN

- The removal of the RN Supervision requirement only takes effect with the new rates (e.g. ADH) and new services (e.g. CLS, ResHab).
- Until PAB is phased in to new rates, RN Supervision is still included in PAB service
- The following table indicates which services are eligible for T&C RN add on based on cohort Phase In:

Phase In Year	Cohort One	Cohort Two	Cohort 3
Year 1 (7/1/17 – 6/30/18)	ADH/CLS-Group, ResHab, CLS-Individual, and Respite (Cohort 1 not eligible for PAB)	ADH/CLS-Group, CLS-Individual, and Respite (PAB still includes RN sup)	CLS-Individual, and Respite (PAB still includes RN sup)
Year 2 (7/1/18 – 6/30/19)	Same as above	ADH/CLS-Group, CLS-Individual, Respite, and PAB (PAB new rate effective)	CLS-Individual, and Respite (PAB still includes RN sup)
Year 3 (7/1/19 – 6/30/20)	Same as above	Same as above	CLS-Individual, Respite, and PAB (PAB new rate effective)

# Overview of T&C RN Framework

Participants will be assigned a T&C RN category  
(Based on medical stability, complexity of care,  
and other complicating factors)

T&C RN risk categories are based on RN  
oversight needs  
(Required frequency of RN assessment)

Clear guidance for case  
managers and providers  
(Agency Provided Services)

Authorized per service requiring RN oversight  
(RN delegated tasks may occur during multiple  
services the participant may receive)

T&C RN Framework factors in risk categories,  
service expectations, and possible involvement  
of multiple providers



# Determining if and when T&C RN services are needed...

- During ISP discussion, identify if RN delegation activities are provided in any of the services
  - “My Health and Well-Being”
  - “My Information – My Health and My Health Supports” Sections
  - Review all health activities performed



# Using the T&C RN Worksheet

- The T&C RN Worksheet is a tool to help the CM and the circle document and track which service require RN delegation
- Identify nurse delegated activities per provider/service

**Training & Consultation – Registered Nurse (T&C – RN) Worksheet**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Worksheet:**

1. Use the table below to identify which services are being provided to the participant that require RN delegation and oversight.
2. Under each service the participant receives, indicate the agency provider authorized to provide the service.
3. Check off whether the RN delegation activity is provided under that specific service.

Note: Many of the activities are broken down into specific tasks and/or amounts in order to consistently identify factors considered in determining participant's risk category.

RN Delegated Activities (Other delegated activities MUST be approved as delegable by unit RN)	Services provided by: Provider:	Service(s) under which RN Delegated activities are being performed.					
		ADH/CLS-G	ResHab	CLS-Ind		Respite	
Medication Assistance - PRN only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assistance - ongoing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - PRN only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via oral administration (1-5 meds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via oral administration (6-10 meds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via oral administration (11 or more meds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via topical administration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via rectal administration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via G/I-Tube (1-5 meds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via G/I-Tube (6 or more meds)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via pre-drawn subcutaneous injections (e.g. insulin)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via pre-drawn intramuscular injection (e.g. epi-pen given as first aid)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration - via Nebulizer (inhalation therapy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough Assist w/ Suctioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Physiotherapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning – Oropharyngeal (when done separately from cough assist)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T&C RN Worksheet (Agency Provided Services); 8/17/17 Page 1

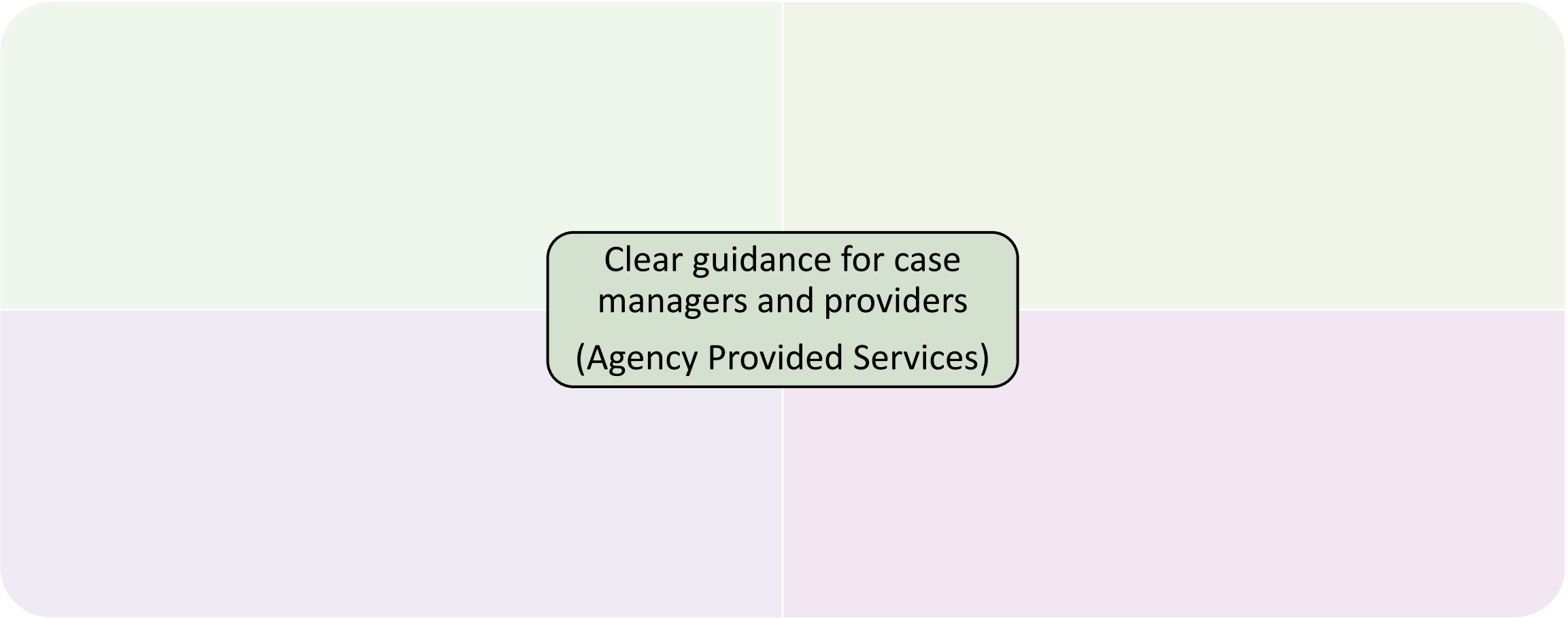
# Using the T&C RN Worksheet

- The T&C RN Worksheet documents complex care needs and indicators of medical instability
  - Supports determination of risk
  - Support the service authorization
  - Minimizes the need for Utilization Review
- When in doubt, seek the guidance of a RN

Indicators of Medical Instability (Used to support risk category determination)	Check all that apply
Frequent reassessment by medical professionals	<input type="checkbox"/>
Frequent medication changes or adjustments requiring regular MD and RN review	<input type="checkbox"/>
Inconsistent lab results (waxing/waning) requiring frequent medical follow up	<input type="checkbox"/>
Medical treatment for issue(s) requiring specific precautions	<input type="checkbox"/>
Administration of narcotic analgesic or psychotropic medication(s)	<input type="checkbox"/>
Unstable blood sugars requiring sliding scale insulin or titration of medication	<input type="checkbox"/>
Complicating factors negatively impacting health status	<input type="checkbox"/>
Challenging behaviors impacting medical stability	<input type="checkbox"/>
Frequent visits to urgent care or emergency room	<input type="checkbox"/>
Multiple hospitalizations (2 or more hospital admissions within past year)	<input type="checkbox"/>
Multiple AERs related to changes in health condition	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Risk Category Determination Based on the above indicators of medical complexity (i.e. types of activities requiring RN delegation and oversight) and indicators of medical instability			
<input type="checkbox"/> Category 1 (Low Risk) <input type="checkbox"/> Category 2 (Mod. Risk) <input type="checkbox"/> Category 3 (High Risk)* <input type="checkbox"/> Category 4 (Highest Risk)*	Risk Category Determined by: _____ <small>Name and Title</small>	<b>*All Category 3 and 4 determinations not made by a nurse require RN consultation.</b>	
Was RN consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date RN Consulted: _____		
RN Notes/Comments/Recommendations: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>			

# Overview of T&C RN Framework



Clear guidance for case managers and providers  
(Agency Provided Services)

The diagram consists of a large rectangle divided into four quadrants by a vertical and a horizontal line. The top-left and top-right quadrants are light green, while the bottom-left and bottom-right quadrants are light purple. A rounded rectangular box with a black border is centered in the middle of the grid, containing the text 'Clear guidance for case managers and providers (Agency Provided Services)'.

# What are the T&C RN Service Expectations?

## Initial

- Delegation Plans
- Train all DSWs who will be performing delegated activities
- Maintain documentation of skills verification



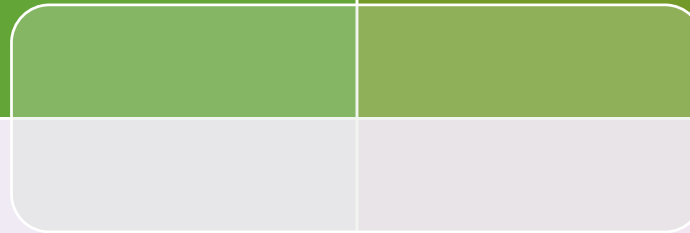
## Ongoing

- Face to face visits with participant and DSWs
- Annual re-verification of DSW skills
- On-call for RN consult
- Notify CM and provider of changes in health status
- Quarterly reports to CM

# Overview of T&C RN Framework

Participants will be assigned a T&C RN category  
(Based on medical stability, complexity of care,  
and other complicating factors)

T&C RN risk categories are based on RN  
oversight needs  
(Required frequency of RN assessment)



# Understanding the T&C RN Framework

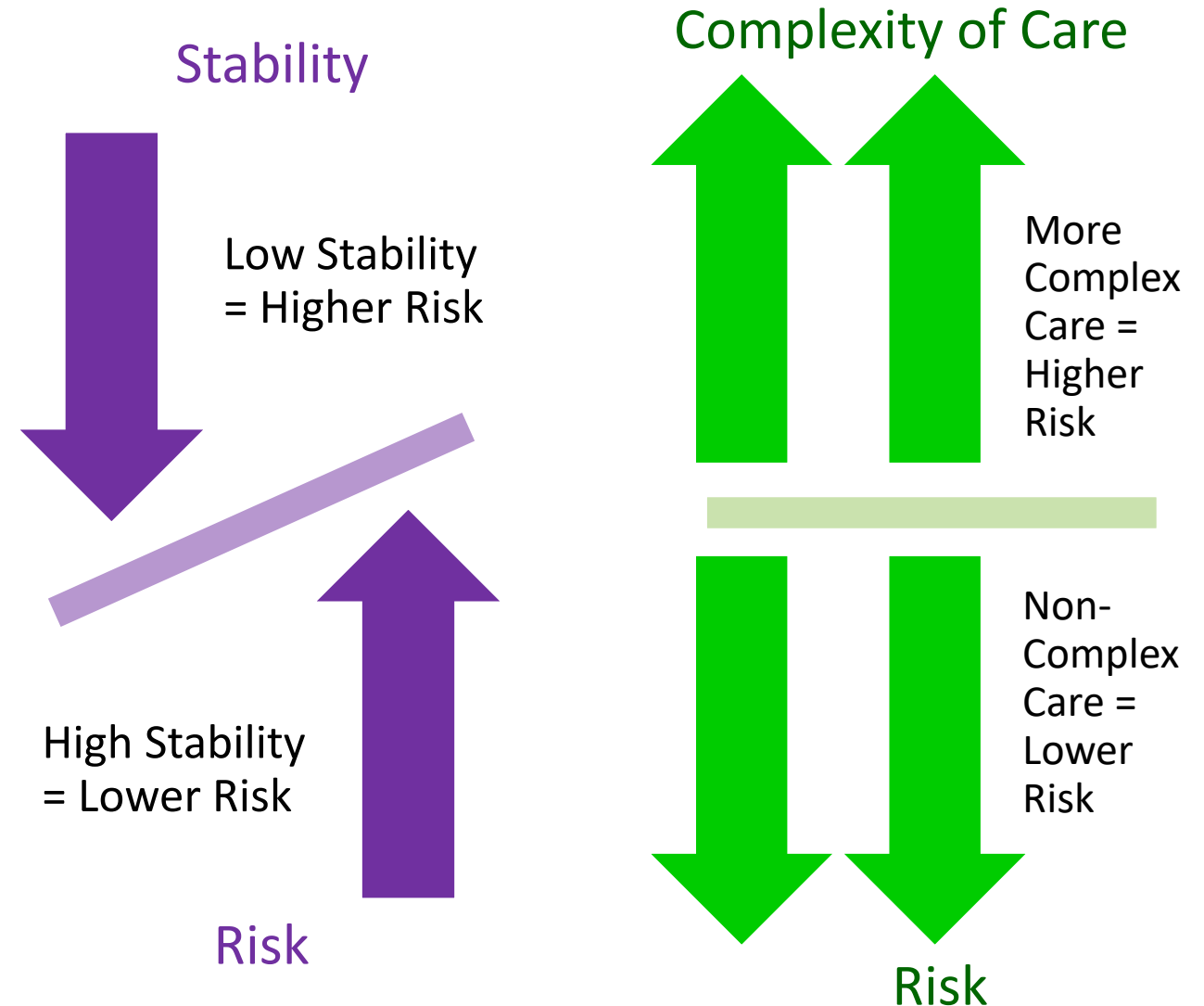
- Participants should be assigned to a category based on the category description
  - Examples are intended to assist with determining which category is most appropriate.
  - Participants do NOT have to meet all of the bulleted examples in any given category.

Training & Consultation – Registered Nurse (T&C RN)		
Authorization Framework		
<ul style="list-style-type: none"> <li>T&amp;C RN will be authorized per service requiring RN oversight (RN delegated tasks may occur during multiple services the participant may receive; providers not obligated to delegate to DSWs outside of their agency).</li> <li>T&amp;C RN is expected to provide RN oversight for ALL nurse delegated activities performed in the service for which they are overseeing.</li> <li>Participants will be assigned a T&amp;C RN risk category based on medical stability, complexity of care, and other complicating factors (e.g. combined presence of medical and behavioral support needs).</li> <li>T&amp;C RN will be authorized according to assessed RN oversight needs based on required frequency of RN assessment due to medical instability or complexity (per DDD RN Committee recommendation).</li> <li>Participants should be assigned to a category based on the risk category description (e.g. maintained medical stability, no complex needs).</li> <li>Examples provided for each category are intended to assist CMs with determining which category is most appropriate.</li> <li>Participants do NOT have to meet all criteria in any given category.</li> <li>Additional Authorizations will need to go through an exceptions review process.</li> <li>All T&amp;C RN services shall be provided in accordance with HRS §457</li> </ul>		
T&C RN Category Guidance	T&C RN Service Expectations	
	Initial (Authorization per provider at start of ISP plan year; may be authorized mid-year if new service w/ nurse delegation or new nurse delegated activities are added to ISP)	Ongoing (Authorized Annually)
<b>Category 1</b> (Low Risk) <b>Participant has maintained medical stability and has non-complex care needs.</b> <i>Examples:</i> <ul style="list-style-type: none"> <li>No changes to health condition reported over past year (excluding common cold, flu, or other seasonal illness)</li> <li>Receives annual medical check-ups with primary physician</li> <li>May receive care from other medical specialists</li> <li>Medications are well managed and require sporadic RN assessment if at all (e.g. daily vitamins)</li> <li>Medications are taken on PRN basis and require sporadic RN assessment (e.g. Acetaminophen, Ibuprofen)</li> </ul>	<ul style="list-style-type: none"> <li>Create/review delegation plan(s) in accordance with orders received from professional(s) with prescriptive authority, including specific administration protocols specific to the individual participant's prescription and parameters which would require an unlicensed individual to seek RN assessment and/or emergency treatment;</li> <li>Train all DSWs who will providing that specific service (e.g. ADH, CLS, RES HAB); and</li> <li>Maintain documentation of skills/competency verification and have available for DDD review upon request.</li> </ul>	<ul style="list-style-type: none"> <li>Face to face visit with participant and DSW <b>quarterly at minimum</b>;</li> <li>Annual re-verification of skills/competency check for all DSWs;</li> <li>On-call for RN consult (e.g. re: PRN meds);</li> <li>Notify service provider and CM re: changes in health status; and</li> <li>Quarterly report to CM which shall identify who has been trained on the delegation plans, dates of T&amp;C visits, any recommendations for revision to the ISP/IP, and identification of any concerns.</li> </ul>

# Understanding the T&C RN Framework

- Categories are based on the participant's health risks
  - Medical stability
  - Complexity of care

T&C RN Category Guidance	
<b>Category 1</b> (Low Risk)	<p><b><u>Participant has maintained medical stability and has non-complex care needs.</u></b></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>No changes to health condition reported over past year (excluding common cold, flu, or other seasonal illness)</li> <li>Receives annual medical check-ups with primary physician</li> <li>May receive care from other medical specialists</li> <li>Medications are well managed and require sporadic RN assessment if at all (e.g. daily vitamins)</li> <li>Medications are taken on PRN basis and require sporadic RN assessment (e.g. Acetaminophen, Ibuprofen)</li> </ul>



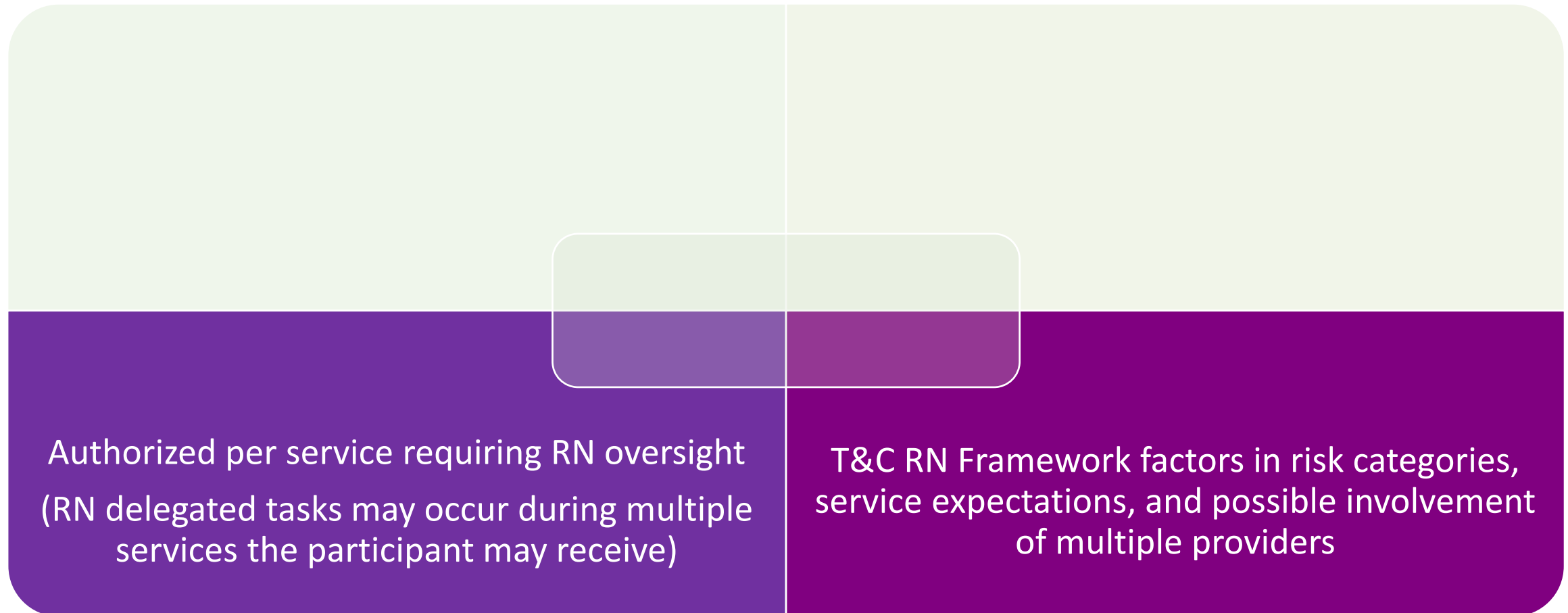


# Understanding the T&C RN Framework

- Frequency of RN oversight is tied directly to the amount of perceived risk



# Overview of T&C RN Framework



# How to determine service hours using the T&C RN Framework

Identify T&C RN hrs.  
based on the service  
and risk category



Authorized hrs. are  
per service per  
provider



If a provider delivers  
multiple services,  
deduct hrs. from  
total hrs. authorized

Training & Consultation – Registered Nurse (T&C RN)  
Authorization Matrix – Agency Provided Services

Matrix Valid 7/1/17 – 6/30/18	In Groups (ADH/CLS-Group)			In Home (RES HAB) <i>(note: Agency PAB 2 has RN supervision built in until FY19 or FY20 based on cohort)</i>			In Community (CLS-Ind)			Respite	Provider has T&C RN for only 1 service	Provider has T&C RN for 2 Services	Provider has T&C RN for 3 or more Services
	Initial	Ongoing	Total	Initial	Ongoing	Total	Initial	Ongoing	Total	Annual			
<b>Category 1</b> (Low Risk)	.5 hour	2 hours annually (.5 hour/ quarterly)	2.5 hours	1 hour	2 hours annually (.5 hour/ quarterly)	3 hours	.5 hour	2 hours annually (.5 hour/ quarterly)	2.5 hours	.5 hour	Authorize per provider	Minus .5 hour from total	Minus 1 hour from total
<b>Category 2</b> (Moderate Risk)	.75 hours	3 hours annually (.5 hour every other month)	3.75 hours	1.5 hours	3 hours annually (.5 hour every other month)	4.5 hours	.75 hour	3 hours annually (.5 hour every other month)	3.75 hours	.75 hours	Authorize per provider	Minus 1 hour from total	Minus 2 hours from total
<b>Category 3</b> (High Risk)	1 hour	6 hours annually (.5 hour every month)	7 hours	2 hours	6 hours annually (.5 hour every month)	8 hours	1 hour	6 hours annually (.5 hour every month)	7 hours	1 hour	Authorize per provider	Minus 2 hours from total	Minus 3 hours from total
<b>Category 4</b> (Highest Risk)	1.5 hours	12 hours annually (1 hour every month)	13.5 hours	3 hours	12 hours annually (1 hour every month)	15 hours	1.5 hours	12 hours annually (1 hour every month)	13.5 hours	1.5 hours	Authorize per provider	Minus 3 hours from total	Minus 4 hours from total

# Authorization Process

- Action Plans
  - One Action Plan per provider
    - Indicate which services are covered under T&C RN
    - Simplifies total annual authorization
  - Templated language
    - Goal and Outcomes
    - Risk and Safety Section
  - Goal identified by Circle
- SPAF

State of Hawaii Department of Health	Developmental Disabilities Division Case Management Branch
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## INDIVIDUALIZED SERVICE PLAN – Action Plan (Page 1 of 2)

Services/Support	Frequency and Duration	Start Date
Training & Consultation - RN	■ hours annually	
Name: ■		Phone: ■
Address: ■		Fax: ■
Rep: ■	Rep: ■	
Print Name	Signature	
<b>GOAL #1</b> <input type="checkbox"/> Self <input checked="" type="checkbox"/> Circle		Status Services covered by T&C RN include: ■
Participant will maintain optimal health and safety by having risk and safety needs addressed through RN oversight for all nurse delegated activities performed under the covered service(s).		
Outcomes:	Delegation plans are created for all nurse delegation activities.	
	All DSWs providing nurse delegated care are appropriately trained.	
	■	
	■	

RISK AND SAFETY (Potential risks and safety concerns to be addressed when supporting me):	
POTENTIAL RISK	SUPPORTS TO MINIMIZE RISK
Identified as T&C RN Moderate Risk	T&C RN to ensure direct support workers are appropriately trained in performing nurse delegated activities and provide RN oversight.
■	■
■	■
■	■
■	■
■	■
■	■
■	■
■	■
<input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Positive Behavior Support Plan <input type="checkbox"/> None	

# Monitoring Tool

- Tool is being revised to reflect new indicators to address activities toward compliance with the CMS Final Rule for Community Integration and new Standards requirements.
  - Anticipated timeline to begin using - within the next 3 months
  - We may need to go back to gather information for these indicators if your monitoring review was already completed

# Monitoring Tool

- There is a new indicator that CRMS team will be collecting:
  - Number and percent of participants whose services are delivered in accordance with the ISP (type, amount, frequency and duration)
  - Providers will be helping to identify best way to uniformly report this information
  - Consider your estimated projections for service utilization at the ISP in light of getting close to those projections in your actual delivery of services

# List of Excluded Individuals and Entities (LEIE)

- This is a federal requirement that Medicaid funds cannot be paid to any individual or entity that appears on the list.
  - The federal list is maintained by the Office of Inspector General (OIG) and the state's list is maintained by the Med-QUEST Division in DHS
  - “OIG has the authority to exclude individuals and entities from Federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.”

# List of Excluded Individuals and Entities (LEIE)

- **Providers should be checking both lists for any new employee and periodically for all employees**
- Providers must comply with this requirement that the entity and all employees are not on the OIG or MQD list.
- [https://oig.hhs.gov/exclusions/exclusions\\_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp)
- [http://www.medicare.gov/providers/ProviderExclusion\\_ReinstatementList.html](http://www.medicare.gov/providers/ProviderExclusion_ReinstatementList.html)



QUESTIONS??